

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09219

1. Entity Name

YBOR SQUARE, LTD.

Principal Place of Business

P.O. BOX 384  
1901 N. 13TH STREET  
TAMPA FL 33601

Mailing Address

P.O. BOX 384  
1901 N. 13TH STREET  
TAMPA FL 33601-0384

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1414 Swann Ave.  
Suite, Apt. #, etc.  
# 201

3. Mailing Address

1414 Swann Ave.  
Suite, Apt. #, etc.  
# 201

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2018471

Applied For

Not Applicable

Zip

Country

33606

Zip

Country

33606

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, WILLIAM M  
1414 SWANN AVE  
SUITE 201  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$364,363.70

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # 348783  
NAME W.R.B. ENTERPRISES, INC.  
STREET ADDRESS 1414 SWANN AVE  
CITY - ST - ZIP TAMPA FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

800003290608--5  
-06/15/00--01040--012  
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STREET ADDRESS

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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

WILLIAM M. BLANCHARD  
WILLIAM M. BLANCHARD 5/1/00 (813) 251-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #